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23373 7590 12/29/2006

SUGHRUE MION, PLLC
2100 PENNSYLVANIA AVENUE, N.W.
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| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/696,570 | 10/30/2003 | Kouji Asako | Q78211 | 5920 |

TITLE OF INVENTION: PAPER DISCHARGE UNIT AND PRINTING APPARATUS EMPLOYING THE PAPER DISCHARGE UNIT

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|--|---|----------------|---------------------|--|-------------------------|--------------------|
| nonprovisional | NO | \$1400 | \$300 | \$0 | \$1700 | 03/29/2007 |
| EXAMINER | ART UNIT | CLASS-SUBCLASS | | 83/14/2007 MAHMEED 2 00000118 10696570 | | |
| MORRISON, THOMAS A | 3653 | 271-009010 | | 01 FC:1501 02 FEE:1501 | 1400.00 0D 300.00 0P | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | | SUGHRUE MION, PLLC |
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

FUJIFILM Corporation

Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

Typed or printed name

18, 879

Registration No.

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